

FIG. 1

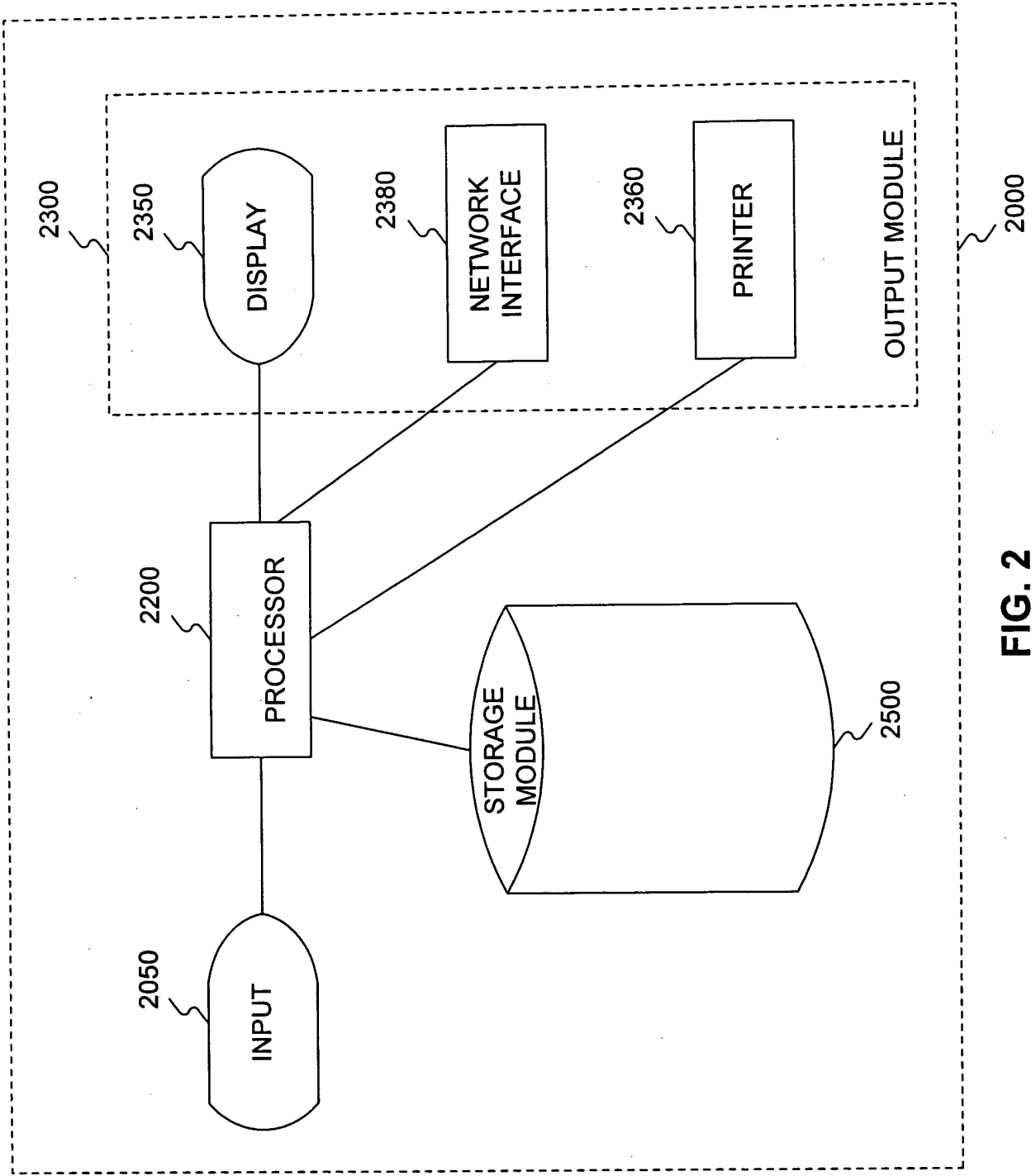


FIG. 2

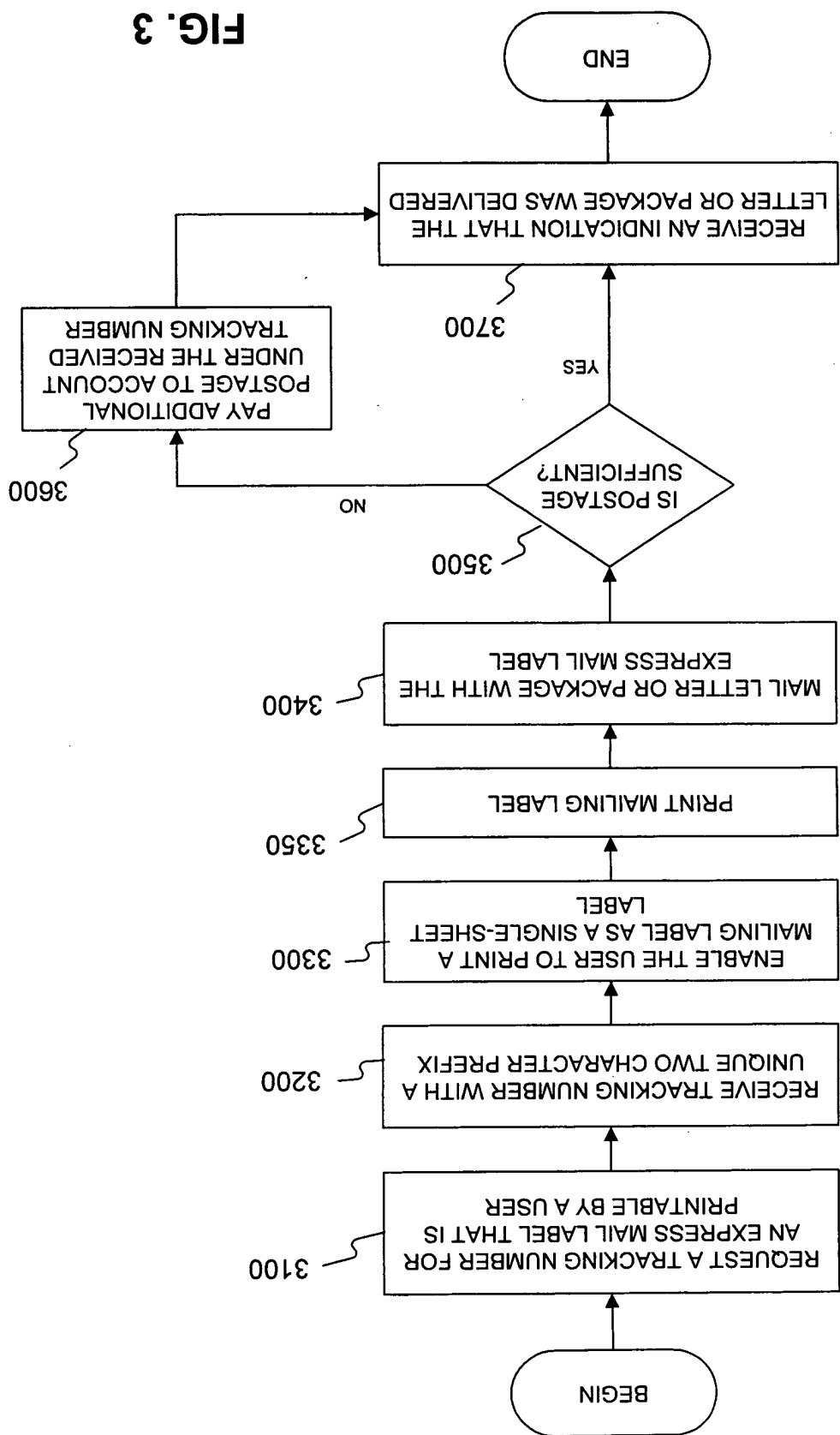


FIG. 3

**EXPRESS
MAIL**

UNITED STATES POSTAL SERVICE ®

CUSTOMER On-Line RECEIPT

DO NOT MAIL

ORIGIN (POSTAL USE ONLY)

PO BOX Code		12345		Flat Rate Envelope	
Day of Delivery		<input type="checkbox"/> Next	<input type="checkbox"/> Second		
Date In	Year	12345		Postage	
<input type="checkbox"/> AM	<input type="checkbox"/> PM	12:00PM		\$ 16.00	
Time In		Address to PO Box		Return Receipt Fee	
<input type="checkbox"/> AM	<input type="checkbox"/> PM				
Weight	lbs	Insurance Fee			
No Delivery		Acceptance Check Initials		Total Postage & Fees	
<input checked="" type="checkbox"/> Yes/undel	<input checked="" type="checkbox"/> Insured			\$	

EO 000 152 111 US

SEE BACK OF ORIGINAL RECEIPT FOR ADDITIONAL INFORMATION. THIS RECEIPT IS VALID FOR REFUND OF POSTAGE ONLY. ADDITIONAL INFORMATION IS AVAILABLE ON THE POSTAL SERVICE WEBSITE. THIS RECEIPT IS NOT VALID FOR REFUND OF POSTAGE IF IT IS USED FOR ANY OTHER PURPOSE. THIS RECEIPT IS NOT VALID FOR REFUND OF POSTAGE IF IT IS USED FOR ANY OTHER PURPOSE. THIS RECEIPT IS NOT VALID FOR REFUND OF POSTAGE IF IT IS USED FOR ANY OTHER PURPOSE.

CUSTOMER INFORMATION

FROM: LINDA E. SHOPPER

ABC CORPORATION
SUITE 500
500 OAK ST.
ARLINGTON VA 22207

PHONE (111) 222-3333

TO:

JOHN E. TAILOR
XYZ CORPORATION
SUITE 501
P.O. BOX 11
NEW YORK NY 10005

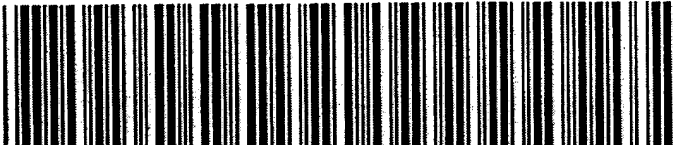
PHONE (333) 444-5555

FOR PICKUP OR TRACKING CALL 1 800-222-1811

www.usps.com

Jan 12 2011

FIG. 4

E	POSTAGE REQUIRED													
	USPS EXPRESS MAIL®													
5200	LINDA E. SHOPPER ABC CORPORATION SUITE 500 500 OAK ST. ARLINGTON VA 22207													
	(111) 222-3333 WAIVER OF SIGNATURE REQUESTED NO DELIVERY WEEKEND OR HOLIDAY SHIP JOHN E. TAILOR TO: XYZ CORPORATION SUITE 501 P.O. BOX 11 NEW YORK NY 10005													
USPS EXPRESS MAIL														
														
EO 000 152 111 US														
POSTAL USE ONLY														
<table border="1"> <tr> <td colspan="2">Date In: Mo. Day Year</td> <td colspan="2">Time In: <input type="checkbox"/> AM <input type="checkbox"/> PM</td> </tr> <tr> <td colspan="2">Day of Delivery: <input type="checkbox"/> Next <input type="checkbox"/> Second</td> <td colspan="2"><input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM</td> </tr> <tr> <td>Return Receipt</td> <td>COD</td> <td colspan="2">Additional Insurance Fee</td> </tr> </table>			Date In: Mo. Day Year		Time In: <input type="checkbox"/> AM <input type="checkbox"/> PM		Day of Delivery: <input type="checkbox"/> Next <input type="checkbox"/> Second		<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM		Return Receipt	COD	Additional Insurance Fee	
Date In: Mo. Day Year		Time In: <input type="checkbox"/> AM <input type="checkbox"/> PM												
Day of Delivery: <input type="checkbox"/> Next <input type="checkbox"/> Second		<input type="checkbox"/> 12 Noon <input type="checkbox"/> 3 PM												
Return Receipt	COD	Additional Insurance Fee												

5000

FIG. 5

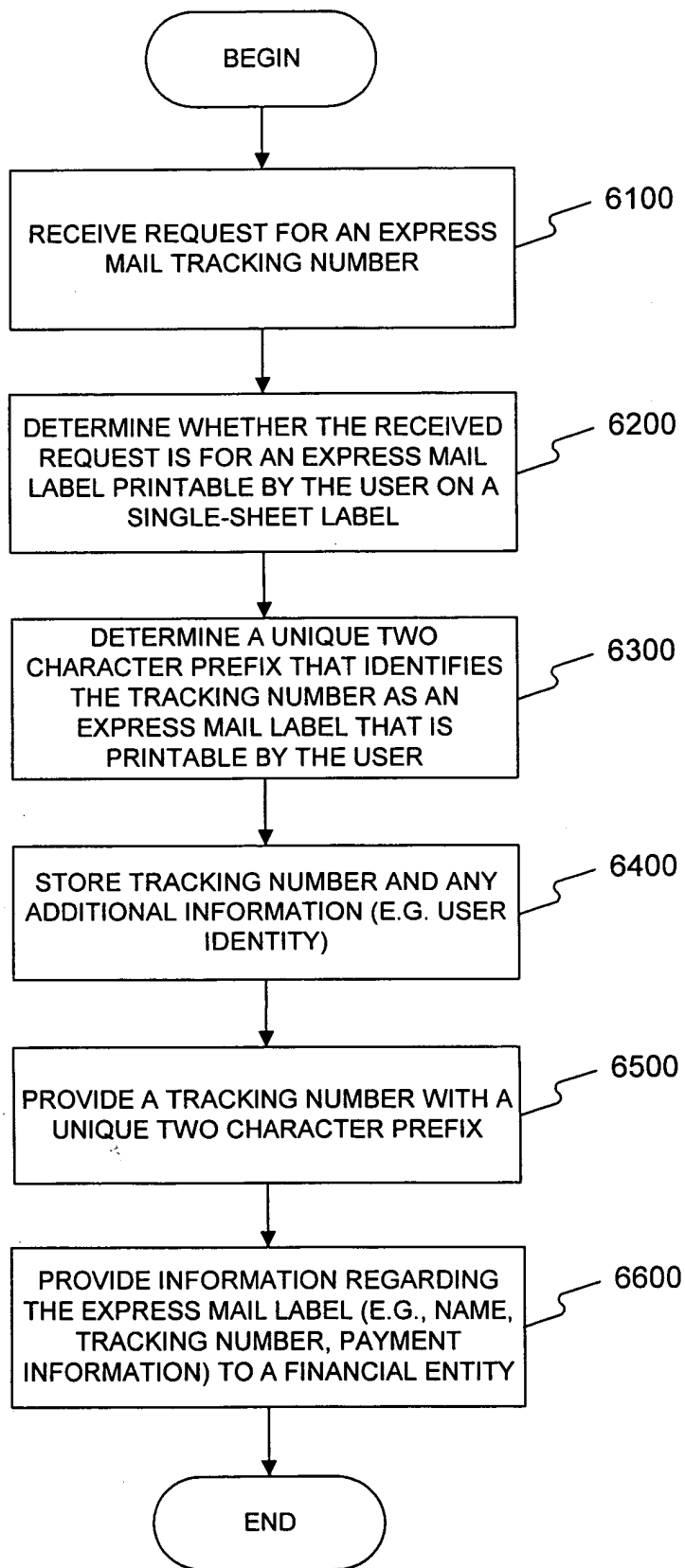


FIG. 6